CareQuality Commission

CTRC Community Interest Company

CTRC CIC

Inspection report

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Date of inspection visit:
29 January 2019
30 January 2019

Date of publication:
03 April 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
This service is a domiciliary care agency. It provides personal care to people living in their own houses. People who use the service are older adults and younger adults who have a learning and/or physical disability. This is the only location operated by CTRC CIC which is a not-for-profit Community Interest Company

There were 14 people using the service at the time of this inspection and two of those people were receiving 24 hours live in support from the service. The service also offered outreach support to people in the community but not all those people required the regulated activity of personal care support and therefore did not fall within the remit of this inspection.

People's experience of using this service:
Relatives told us the service was, "excellent," "good," and "reliable." All comments made by the relatives we spoke with were positive about both the care received from staff and the management team.

The provider did not always work in line with the Mental Capacity Act 2005 and did not always check that relatives had Lasting Power of Attorney that gave them the legal right to consent to people's care and treatment.

Most risks to people were assessed and measures were put in place for people's safety. However, we brought to the registered manager's notice that one person's risk assessment did not contain adequate measures to alert staff in the event of a fire. The registered manager addressed this following the inspection to make the measures in place more robust.

The registered manager and staff demonstrated they would recognise and report safeguarding adult concerns to the appropriate bodies. The manager demonstrated that they learnt from mistakes and ensure learning was shared with the staff team to prevent a reoccurrence.

Staff who administered medicines received training and their competency was assessed to ensure they undertook this in a safe manner. The management team undertook thorough audits of medicines administration to monitor the way medicines were managed.

Staff received support and training to equip them to undertake their role.

The management team and staff worked with both health and social care professionals for the wellbeing of people using the service.

People had person centred care plans that were reviewed on a regular basis and in response to changing circumstances. The plans contained information about people's personal history so staff could understand

them in the context of their lives. People's preferences were stated and plans informed staff how best to support people to make choices.

The registered manager and management team undertook a number of audits and checks to ensure the quality of the service provided.

Rating at this inspection:
The service has been rated good in safe, caring, responsive and well-led and requires improvement in effective. The service is rated good overall.

Rating at last inspection:
This service was rated requires improvement. There was a breach of the regulations in good governance. This was because the registered manager did not have arrangements in place to monitor and improve the service provided and did not always ensure accurate records were maintained for each person. The report was published on 1 February 2018.

Why we inspected:
This was a scheduled inspection planned around our guidelines for the previous rating of requires improvement.

Follow up:
We will continue to monitor the service and re inspect in line with our inspection guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

CTRC CIC

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector undertook this inspection.

Service and service type:
CTRC CIC is a domiciliary care agency and provides the regulated activity of personal care to people living in their own houses. It provides a service to older adults and younger adults who have a learning and/or physical disability.

Not everyone using CTRC CIC receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:
Before the inspection, we reviewed information we held about the service. This included previous reports and an action plan that the provider had sent us telling us what they would do to address the shortfalls found at the last inspection. We also reviewed notifications we had received. A notification is information about important events that the provider is required to send us by law.

During our inspection, we reviewed three people's care records and looked partly at three other people's care records. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We met with one person using the service and spoke with two care staff, a co-ordinator and the quality assurance officer and the registered manager.

Following our inspection, we attempted to speak with ten people or their relatives. We were successful in speaking with four relatives of people who used the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
•The provider assessed people to identify potential risks to their well-being. Risk assessments included, risk of falls, risks associated from behaviour that challenged the service, medicines, personal care, and risks associated with the environment. There were guidelines for staff to minimise the risk of harm. Staff guidance for moving and handling relating to one person included for example, assessment by an occupational therapist and pictorial guidance to support staff to use a hoist to move the person in a safe manner.

•However, we found one instance when staff provided a 24-hour service to a person and slept at the person's home. An environmental risk assessment was undertaken but the provider had not ensured that there were appropriate measures in place to alert staff in the event of a fire. Measures for staff to take in the event of a fire to mitigate the risk of harm were not clearly outlined. We brought this to the attention of the registered manager who following our inspection revised the risk assessment and put in place measures to promote a greater level of safety.

Systems and processes to safeguard people from the risk of abuse.
•Relatives we spoke with told us they were happy with the service provided and felt staff were experienced and could keep their family members safe.

•Staff told us they had received safeguarding adult training and yearly refresher training. One care worker said, "Safeguarding training we refresh it every year or so." They continued to describe how they would recognise signs of abuse and how they would report any concerns. "Sometimes you can see the physical effects of abuse in changing behaviour, or see bruises. I would check in the notes to see if there had been a fall or if it is family abuse you let the office know. You observe and jot it down, go and tell the office."

•Staff told us they would whistle blow if they felt an abuse issue was not addressed by the provider saying, for example, "I would look CQC up on the website."

•The registered manager demonstrated they had an oversight of safeguarding concerns and reported safeguarding incidents as required and tracked the outcomes.

Learning lessons when things go wrong
•The registered manager had analysed what had gone wrong when incidents occurred and had learnt from mistakes and errors made. They gave us an example of a medicines error that occurred when a care worker administered medicines without the necessary care plans in place. The concern was investigated through the safeguarding process. The outcome was addressed in a one to one meeting with the care worker and medicines refresher training was provided. The person's care plan was updated so there was no room for

staff misunderstanding. Learning from the mistake was also shared with the staff team.

•A medicines flow chart was produced that prompted staff to ask questions of themselves prior to administering any medicines. For example, questions included, "Is it in the care plan that staff can administer medicine?" and "Have you been trained to provide medication?"

Staffing and recruitment
•Relatives we spoke with told us that the staff were punctual and attended calls as scheduled. Their comments included, "They are always on time," and "No problem with them, yes they arrive on time and don't miss calls," and "They always turn up and they are reliable."

•The provider used an electronic call monitoring system to check that staff were attending their care calls on time. We questioned that the system had recorded a high number of missed calls. The coordinator explained that there have been issues when staff tried to log on to register the calls such as a lack of a signal which resulted in not all care calls being recorded by the system and were then flagged as missed. In these instances, the co-ordinator checked and phoned staff who did not log in to ensure no calls were missed.

•In addition, the provider undertook spot checks and rang people or their relatives weekly to check care was being provided as scheduled.

•The registered manager followed the provider's procedure for the safe recruitment of staff to ensure staff were suitable to work with people.

Using medicines safely
•Staff who administered medicines had medicines training and refresher training to ensure they administered medicines safely.

•There was a medicines procedure for staff reference and people's care plans stated what support they required from staff to take their medicines safely. These also contained a list of their current medicines for staff reference. Medicine administration records (MARs) reviewed were completed without gaps or errors.

•We saw that the provider had undertaken audits of all MARs once they were completed and had identified errors appropriately. These errors had been addressed with the individual care worker to prevent a reoccurrence.

Preventing and controlling infection
•Staff received infection control training so they knew what to do help ensure good infection practices

•The provider ensured staff were provided with personal protective equipment to avoid cross contamination.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI:The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations was not met.

Ensuring consent to care and treatment in line with law and guidance
•The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

•Some people's records reviewed contained information that confirmed they had the capacity to make decisions about their care. They had signed their care records to show that they agreed with them.

•However, one person's relative had signed their record on their behalf. The registered manager explained the relative had Lasting Power of Attorney (LPA). A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We did not see evidence recorded to confirm this was so and in the person's social services assessment there was nothing recorded under the section for LPA. As such we could not be assured the relative had the legal right to make decisions on behalf of the person.

We recommend that the provider review their processes around people giving consent to their care to ensure they are working in line with the MCA code of practice.

•We also reviewed the care record for one person who lacked mental capacity to make certain decisions that contained a mental capacity assessment and best interest decisions that reflected appropriately the support they required.

•Some care plans were not signed by the person because although they were assumed to have capacity they were physically unable to sign. To show the person agreed with the care plan the registered manager had recorded that they had read out the care plan to the person who had agreed with the contents.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
•The care manager for the provider assessed people prior to offering a service to ensure that the staff could meet people's care needs. The assessments undertaken were thorough and person centred. People and their relatives were involved in this process and contributed to the needs assessment and the care plan.

•When referred by a commissioning body, professional reports and previous needs assessment were

considered to give a full picture of what was required to support the person effectively.

Staff support: induction, training, skills and experience
•Staff were given an induction and shadowing experience prior to commencing their role. One care worker said, "When I first came to work here. I shadowed the other experienced carers."

•There was a variety of appropriate training provided to ensure the staff were given the knowledge and skills they required to perform their roles. Staff confirmed they had ongoing training in all core subjects related to their role. One care worker said, "We have training every six months or so on different topics. It helps us."

•Staff told us when they worked with people who had specific support needs they were provided with the necessary training this included for example, medicines administration, dementia, autism and managing behaviours that challenge the service."

•Staff received one to one supervision that included reviewing their work performance and development needs. We saw in our sample of staff records that staff who had worked for the provider for a year received an appraisal to review their work progress. In addition, the provider held group supervisions several times a year, usually at Christmas and at Easter. The registered manager described they made staff welcome with an offer of food and soft drinks. At the group supervisions changes in polices were discussed and issues affecting the service provided addressed.

Supporting people to eat and drink enough to maintain a balanced diet.
•People's care plans stated if they had specific dietary support needs that included for example if they had diabetes and required a diet low in sugar. The registered manager explained they supported staff to understand the diet people required, for example they had provided a healthy eating diet sheet on diabetes for staff reference.

•People's care plans had information about people's choices and preferences and stated if they required specific foods that were culturally appropriate to them, such as halal foods or if they simply preferred certain foods that they were familiar with.

•Care plans stated the support people needed with their meals so staff were clear about the support people needed with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•The management team and staff contacted health and social care professionals to support people's well-being as and when required. This included working with social workers, GP, district nurses and occupational therapists.

•Following social care and health professional's visits care plans were reviewed and amended appropriately to reflect the changing circumstances.

•A member of the management team attended professional's meetings on behalf of people who had complex care needs. This was so there was a consistent and agreed approach by all agencies involved in people's care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
•People and relatives told us they found the staff kind and caring. Their comments included, "We are very, very happy," and "[Family member], absolutely loves the [Staff]. They have taken care of them…we couldn't have better care…it's five stars." Another relative told us, "The carers are kind, sweet ladies and very caring."

•Care staff told us how they built up a working relationship with people. They told us they were introduced to people prior to working with them They explained that for some people this was very important. This was because the person needed to recognise them and familiarise themselves with them. One care worker explained, "We have main carers and back up carers. We all have training with [person]. They need to know us so we have shadowing and training with them beforehand."

•People's care plans contained information about their diverse support needs. This included, preparing culturally specific meals, understanding people's cultural observances such as wearing traditional clothes and ways of washing. Staff also supported people to maintain their religious practices.

•The registered manager and staff described to us how they would work with people from the lesbian, gay, bisexual and transgender plus community (LGBT+) and would challenge staff who were not welcoming. One care worker stated, "I would feel completely comfortable working with someone [LGBT+]."

Supporting people to express their views and be involved in making decisions about their care
•People's care plans contained information about how each person understood what was being conveyed to them and how they communicated their choices. This included the language that was used primarily by the person. The registered manager explained that they always aimed to employ and match staff who spoke each person's preferred language so they could communicate effectively with them.

•Some people had specific communication needs because their use of verbal communication was limited. Their care plan stated the methods of communication they understood or used to decide. This included for example, the use of hand gestures, and the use of a communication passport. All care plans contained reminders for staff to speak clearly and slowly when speaking with people.

•We observed staff giving a person choice when they visited the office and acting according to the person's wishes.

Respecting and promoting people's privacy, dignity and independence

•Relatives told us staff were respectful and promoted people's dignity and privacy. Their comments included, "Yes they are good with dignity and privacy," and "They are very experienced carers working for many years. They do maintain [person's] dignity and privacy. They ask me to leave the room whilst they carry out their duties."

•Care plans were written in a respectful manner that reflected when people required care and support and referred to people's strengths stating when they could act independently.

•It was written in the service user guide that it was the provider's philosophy of care to "Respect and encourage the right of independence of all service users." The registered manager confirmed that they aimed for this to be an outcome when they provided care to people as it promoted self-respect.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
•People had person-centred plans that were reviewed on a regular basis and in response to their changing circumstances. People's plans contained information about their background and history that helped staff to understand them in the context of their lives. Important people in their life were named.

•Care plans listed people's activities of daily living and described what support was required and how this should be provided. Equipment such as wheel chairs, hoists and electric tablets were specified for staff reference.

•Care plans outlined people's interests and hobbies. People were supported to undertake individual activities they enjoyed. Activities included for example, going to specific café and restaurants, swimming, going to the park, and gardening.

Improving care quality in response to complaints or concerns
•Relatives told us they knew how to complain and that if they had a concern they were confident the registered manager would address it in an appropriate manner. Their comments included, "Whenever I have an issue or problem they are very quick to sort it out," and "If we had a complaint we would ring straight away and they would respond."

•The provider had a complaints policy and procedure. There was a form made available for people and relatives to complete if they wished to make a formal complaint.

•The provider had ensured people and relatives knew how to make a complaint and asked people and relatives on a very regular basis if they were happy with the care provided. This gave good opportunities for any concern to be raised.

•The registered manager responded to complaints appropriately. They had an oversight of complaints and used an electronic system to track complaints and analyse trends in the service.

End of life care and support
•The registered manager confirmed that at the time of our inspection no one was receiving end of life care from the service. They told us that they had in the past supported people by working with the relevant health professionals to draw up an appropriate care plans to reflect people's wishes and preferences about end of life care.

•They had offered support to the person's family member following the person's death and also to staff who

had provided care to the person to help them with their bereavement.

•They explained that they had plans to train all staff in end of life care so they were all familiar with this area of care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
•The provider worked in a person-centred way with people and their relatives offering a service tailored to people's individual needs.

•There were some shortfalls in relation to implementing the MCA principles that the provider's quality assurance systems had not identified. This was because the provider had also not carried out thorough checks of lasting power of attorney documents to make sure that relatives and other people who are making decisions on behalf of a person using the service, have the legal right to do so.

•We also identified one risk assessment where the provider had not ensured that there were appropriate measures in place to alert staff who stayed in the person's house throughout night time in the event of a fire, so they could take appropriate action to address the person's safety as well as their own safety.

•Notwithstanding this there were reviews of records taking place. Care notes and medicines records were audited thoroughly by the coordinators and concerns flagged with the registered manager and addressed with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•Relatives told us they found management at CTRC CIC approachable and responsive and that they had good lines of communication. Their comments included, "They are very co-operative and we can rearrange times sometimes when we need to," and "They are doing fine, very, very well…I feel so relieved it's good." Another relative told us, "CTRC are always good, I can't praise them enough…and the communication is good".

•The provider undertook frequent calls to people and relatives using the service to check they were happy with the care provided. They also asked people about the quality of care they received during people's reviews of their care plan.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•People spoke well of the management team in particular the care manager who was also responsible for training and was the founder of the business. Their comments included, "[Care manager] is fantastic. They

know the job very well," and "The [Care manager] when we have had a couple of issues they have sorted it out within the day. This care had been top rate all through."

•Members of the management team had clearly designated roles. The registered manager was responsible for the day to day oversight of the service provided and quality assurance. The registered manager was also the dementia champion for the service.

•A recently employed quality assurance manager worked alongside the registered manager to ensure the quality of the service provided. They told us, "They made me feel welcome. It's amazing here, there are enough staff and everyone's got their individual role. Everyone will help you." The quality assurance manager also had promoted a number of initiatives to develop social inclusion of people in the community and make links with other community providers.

•The organisation had a director who was the manager responsible for finances and business management. There were two co-ordinators. They managed the organisation of the staff rota's, checked the care calls were attended, undertook some quality checks and audits and supervised staff. The care manager who was also the training lead worked in the field assessing new people. They supported all the care packages by working with people and their families and professionals to provide a responsive service.

Continuous learning and improving care
•The registered manager had undertaken relevant management training and ensured their ongoing learning by being part of social care forums, working with consultants and attending local authority provider meetings and training. They described they shared their own learning with the staff team. For example, they shared information from a training module on equality and diversity and the LGBT+ community with their management team. To complement their learning, they had produced reading lists so staff could continue to learn at their own pace.

Working in partnership with others
•The provider worked in partnership with health and social care professionals and the local authority. Initiatives such as supporting a local nursery by undertaking activities there and fund raising built links with the local community.